DOCUMENT RESUME

ED 329 601 UD 027 028

TITLE "Caring for Young Black Children at Risk in Louisiana." U.S. House of Representatives, Select Committee on Children, Youth, and Families Hearing Summary (New Orleans, Louisiana, July 14, 1989).
INSTITUTION Congress of the U.S., Washington, DC. House Select Committee on Children, Youth, and Families.
PUB DATE 14 Jul 89
NOTE 8p.
PUB TYPE Legal/Legislative/Regulatory Materials (090) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Black Youth; Childhood Needs; *Child Welfare; *Demonstration Programs; Early Childhood Education; *Health Needs; Hearings; Low Income States; *Minority Group Children; Poverty; Young Children
IDENTIFIERS Congress 101st; *Louisiana

ABSTRACT

This document summarizes a field hearing that examined the problems faced by low-income young black children in Louisiana, as well as successful home-, community-, and school-based early intervention programs. Thirteen witnesses testified primarily on child care needs and the health status of the State's children. The following problems were discussed: (1) the connection between the State's poor economic status and the failure of the educational and welfare systems to produce a trained workforce; (2) adolescent pregnancy; (3) substandard public housing and inadequate child care; (3) the breakdown of the black family; (4) access to health care services; and (5) child abuse. The following programs were described: (1) Home Instruction Program for Preschool Youngsters (HIPPY), a home-based preschool education program for disadvantaged 4- and 5-year-olds using parent peer tutors; (2) Louisiana Early Childhood Development Project, which expands the New Orleans Public School District's preschool program; (3) National Council of Negro Women's Teen Pregnancy Program, which provides classroom training and counseling; (4) Pediatric AIDS Program (PAP), which collaborates with a hospital to identify, support, and treat infected mothers early in pregnancy and care for AIDS-exposed babies. A fact sheet on young children at risk in Louisiana is appended. (FMW)

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HEARING SUMMARY

"CARING FOR YOUNG BLACK CHILDREN AT RISK IN LOUISIANA"
New Orleans, Louisiana, July 14, 1989

On July 14, 1989, the Select Committee on Children, Youth, and Families held a field hearing, "Caring for Young Black Children At-Risk in Louisiana," at Dillard University in New Orleans, which examined the problems faced by low-income young black children in the state, as well as successful home-, community-, and school-based early intervention programs. The testimony focused primarily on child care needs and the health status of Louisiana's children.

The Select Committee also visited Kingsley House, a settlement house established in 1896, that provides a model for community action. Kingsley House offers in one location comprehensive services for families at greatest risk -- referral services, Head Start, child care, and a family preservation program to help troubled families stay together.

Merline Robins, Parent and Peer Tutor, the Home Instruction Program for Preschool Youngsters (HIPPY), described her involvement in HIPPY, a home-based preschool education program for disadvantaged 4 and 5 year olds that utilizes parent peer tutors. Unable to place her son in a preschool program, Robins was recruited to be a HIPPY tutor, and her son was enrolled in the program. She testified that the program greatly benefitted herself and her son, resulting in her enrollment in Dillard University's early childhood program. HIPPY is funded jointly by the National Council of Jewish Women and the Orleans Parish Public Schools.

Pres Kabacoff, Chairman, New Orleans Council for Young Children in Need; Chairman, Orleans Parish School Board Early Intervention Task Force, testified that the economic plight in Louisiana is linked to the failure of the state educational and child welfare systems to produce a workforce adequately trained to attract and maintain a diverse industrial base. Kabacoff testified that the biggest predictor of educational failure is poverty. In Orleans Parish, of 10,000 live births, 8,000 are minority and 4,500 are born into poverty; 1,500 will fail first grade and most will be functionally out of the educational system by middle school; nearly half will drop out before graduating; 20% will become teenage mothers; and the majority of dropouts will become unemployed delinquents. Kabacoff argued that breaking the poverty cycle requires a variety of services including: pre- and postnatal care, sex education, health and nutritional care, day care, preschool, and parent education.

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The Honorable Ben Bagert, Senator, Louisiana State Senate, New Orleans, testified that adolescent pregnancy is among the factors which places many poor black children at-risk. Bagert outlined legislation to curb adolescent pregnancy which he sponsored in the Louisiana Senate. The legislation created a state commission to deal with the problems through a service and grant award program. Senator Bagert also addressed the problems of drugs, substandard housing, and legislation he introduced to provide assistance to homeless and runaway youth.

Linetta Jones Gilbert, Director, Social Services for the New Orleans Housing Authority; President, Louisiana Association for the Education of Young Children, testified that of the 229,000 public housing units in the city, 30-50,000 are substandard, significantly affecting the 10,000 children under age 6 who

live there. Gilbert also addressed the child care crisis and reported that private child care, state preschool programs, and Head Start can serve only 40% of the children in need in Orleans Parish, and only 30% of the young children in public housing. More than 9,000 children are on the waiting list for state subsidized care. In addition, most providers are insufficiently trained and severely underpaid. Newly revised state licensing standards will require 12 hours of training annually for child care staff and directors. In addition to calling for federal assistance to develop comprehensive quality early childhood and child care services, Gilbert made a series of recommendations including expanded job opportunities, adequate affordable housing, and the establishment of a federally funded team of human service, economic, business and housing experts to help rebuild Louisiana economically.

Pearlie Elloie, Executive Director, Office for Children, Youth, and Families, Total Community Action, New Orleans, testified about trends that she has observed among the Head Start families her agency serves, including: improved health among Head Start children; a large increase in the number of very young mothers, and a rapid increase in the number of grandmothers, who are the principal caretakers of the children; and a perceived increase in substance abuse among Head Start parents, but a lack of treatment services. Of the 992 families enrolled in Total Community Action Head Start programs, 890 are headed by single parents, whose incomes must cover the high cost of health insurance and child care. Elloie called for a comprehensive, quality child care policy and increased funding for Head Start.

Dr. Herbert H. Eddington, Former member, New Orleans NAACP; former member, New Orleans Urban League, testified that there has been a breakdown of the black family, and attributed it to the rise in single parent households and to the lack of black male role models. He expressed support for child tax credits as the best approach in assisting families with child care so that they can work. Eddington also encouraged government to hold institutions caring for children to the highest standards that allow them to operate efficiently.

Barbara C. Emelle, Instructional Specialist, Curriculum Department, New Orleans Public Schools, testified that of the 85,000 children in the New Orleans school district, 85% are minorities and 85% are eligible for free lunch. Over 50% of the 6700 children entering kindergarten are in need of early intervention, but only 2600 children can be served by the school's early childhood program. She described the Louisiana Early Childhood Development Project which helped expand the district's existing Chapter 1 preschool program. Yearly evaluations demonstrate positive gains in achievement and children's self-concept. Emelle also described the school's involvement in HIPPY, as well as new school-based child care centers for children of teen parents.

Nancy P. Alexander, Executive Director, Child Care Services, Inc. of Northwest Louisiana; Public Policy Liaison and Louisiana Representative to Southern Association on Children Under Six, testified that in Louisiana, child care shortages exist for infants; night, week-end or part-time care; and mildly ill children. For poor working families in a depressed economy, single mothers and teenage parents, care is often unobtainable and families forego education, job training or employment as a result. In Louisiana, due to cuts in the Title XX Social Services Block Grant, only 3,400 children are receiving child care assistance, with nearly 10,000 on the waiting list. Citing the importance of the early years in relation to a child's future success, Alexander stressed that investments in improving child care quality, affordability and accessibility must be made. Addressing concerns regarding the proposed regulations for the new welfare reform program (Family Support Act), Alexander recommended that: States should be required to provide child care for all mandatory and voluntary participants; child care should be provided at the market rate, rather than 75% of the market rate; quality should be more adequately addressed; participants should not be encouraged to use informal arrangements; and it should be up families, not the state, to determine if an unpaid caregiver can be found.

Marsha Broussard, Executive Director, Louisiana Primary Care Association, Baton Rouge, testified that young black children's access to adequate health care is restricted by three factors:
1) availability of health services; 2) knowledge of available health services; and 3) racism on the part of providers which contributes to a higher rate of Medicaid assistance for whites than for blacks. Broussard described that an estimated 13-30% of all doctors statewide participate in the Medicaid program. There are some areas where there are no prenatal services. Broussard recommended improved outreach and educational programs, sex education and self-esteem programs, and more money for programs which assist minorities in entering medical professions.

Emma Bromon, Executive Director , National Council of Negro Women of Greater New Orleans, Inc., testified that many of the problems of young children at-risk are linked to the high rate of teenage pregnancy. Almost 17% of all babies born in the state are born to mothers under 19 and are likely to grow up in poverty. Young mothers without adequate support systems are at high risk

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for both abusing and neglecting their children, they are very likely to be depressed, and constitute the hidden homeless. Bromon described the National Council of Negro Women's Teen Pregnancy Program, which provides classroom training and counseling in prenatal health; parenting skills; family life management skills; maternal and child health; career/vocational education & counseling; child abuse prevention; and GED preparation.

Michael Kaiser, MD, Director, Pediatric AIDS Program (PAP), Children's Hospital, New Orleans, testified that pediatric AIDS in Louisiana is a disease of young, minority children born to mothers who are economically disadvantaged; 85% of the children come from Medicaid eligible households. In Louisiana, over sixty children who are HIV-infected or children of HIV-infected mothers, and 13 HIV-infected pregnant women, including three pregnant teenagers have been identified. Kaiser described the many services PAP offers including collaboration with Charity Hospital to identify, support and treat infected pregnant women early in pregnancy, and to take care of AIDS-exposed babies. Kaiser also addressed the need for alternative foster care placement, respite and residential care; inadequate Medicaid coverage limiting access to drugs, supplies and hospital days; limited mental health services; fragmented services for AIDS babies who are also frequently developmentally delayed; lack of home-based services; and extremely poor coordination between multiple agencies.

Lt. Teddy Daigle, Juvenile Division, New Orleans Police Department, testified that investigated cases of child abuse in Louisiana increased from 6,749 in 1979 to a total of 23,165 in 1988. The number of investigated child sexual abuse cases statewide increased from 288 in 1979 to 2,073 in 1988. In serious physical abuse and neglect cases, children under 7 years of age are most often the victims. The average age for victims of child abuse related fatalities in Louisiana has consistently been under the age of three years. Lt. Daigle recommended quality child care to prevent abuse by providing young mothers some relief and allowing them to seek employment. Additionally, good child care programs can teach parenting skills and child development to young parents.

John Rondeno, Board of Directors, Desire Community Center and Dryades St. YMCA, New Orleans, testified that black parents need help from the government to obtain child care. He recommended tax credits as the most cost effective and efficient method of supplying the needed resources to parents who need child care for their children because every dollar goes directly to the parents and not into a government bureaucracy.

AKIN ROSEWATER
EXECUTIVE DIRECTOR
TELEPHONE: 228-7690

TELEPHONE: 228-7692

"CARING FOR YOUNG BLACK CHILDREN AT RISK IN LOUISIANA"

A FACT SHEET

LOUISIANA'S ECONOMIC CRISIS TAKES TOLL ON CHILDREN AND FAMILIES

* Between 1984-1989, the national unemployment rate dropped from 7.6% to 5.1%. In Louisiana, the unemployment rate remained constant at 9.6% throughout these years. (U.S. Department of Labor, 1989)

* Between 1981-1985, the annual per capita income increased nationally at an average rate of 6%, while in Louisiana, per capita income decreased at about 1% annually. (Congressional Research Service [CRS], 1989; Southern Growth Policy Board [SGPB], 1989)

* In 1985, 18% of Louisiana's population lived in poverty, the eighth highest poverty rate in the country. In 1987, 25,000 children (45%) ages 0-5 in Orleans Parish lived below 145% of the federal poverty line ($16,893 for a family of four). (Center on Budget and Policy Priorities, 1988; New Orleans Council for Young Children [NOCYC], 1988)

* In 1988, the maximum AFDC payment level for Louisiana families with no other income was only 24% of the federal poverty level ($11,650 for a family of four) and 30% of the state's AFDC standard of need. (Children's Defense Fund [CDF], 1989)

GROWING NUMBER OF CHILDREN AT-RISK IN LOUISIANA

* While the number of children being born annually in Louisiana declined between 1982-1987, the proportion of nonwhite births increased from 38% to 42% of the total. (NOCYC, 1988; Louisiana Department of Health and Hospitals [LDHH], 1989)

* Between 1982-1986, the percentage of babies born in Orleans Parish who were nonwhite increased from 72% to 78% of all live births. (NOCYC, 1988)

* In 1986, almost 17% of infants born in Louisiana were born to women under age 20; almost one-fourth of all black babies in Louisiana were born to teen mothers. Similarly, in 1987, births to teens in Orleans Parish accounted for almost one out of five births. (CDF, 1989; LDHH, 1989)

* In 1986, among southern states, Louisiana had the third highest birth rate for girls aged 10-14 (2.4/1,000), and for teens aged 15-17 (45.2/1,000). (Southern Regional Project on Infant Mortality [SRPIM], 1989)

CHILD CARE LIMITED AND OF UNCERTAIN QUALITY

* Between FY 1985-FY 1987, child care funding under the Title XX Social Services Block Grant decreased in the state from $13.4 million to $7.54 million, and the number of children served declined from 7,830 to 6,554. (Bank Street College [BSC], 1988)

* There are currently over 9,000 children in Louisiana on a waiting list to receive state subsidized child care; almost 6,000 of these children are in Orleans Parish. (NOCYC, 1988; personal communication with Robinson, 1989)

* Among the 10,000 children ages 0-5 who live in public housing in New Orleans, child care is available for only 30%. (Gilbert, 1989)

* Over half of the administrators of child care programs in Louisiana who responded to a Bank Street College of Education survey expressed concern about the quality of child care programs in the state. (BSC, 1988)

TOO FEW LOUISIANA BABIES GET HEALTHY START

* In 1986, Louisiana's infant mortality rate was 11.9 deaths/1,000 live births, the seventh highest infant mortality rate in the nation; 75% of the parishes in Louisiana had an infant mortality rate higher than the national rate of 10.4. (NOCYC, 1988; LDHH, 1989).

* In 1986, the infant mortality rate among Louisiana's black infants was even higher, 17.0 deaths per 1,000 live births. (CDF, 1989).

* In 1986, 8.6% of all infants born in Louisiana had low birth weight, third highest among all states. The rate of low birthweight among white babies in Louisiana was 5.8%, while among black babies it was 12.9%. (CDF. 1989)

* Between 1980-1984, the percentage of babies born in Louisiana with low birthweight in the state's poor, rural counties increased from 8.8% to 9.4%; among black babies from these counties, the rate increased from 12.5% to 12.8%. (Public Voice for Food and Nutrition, 1988)

* Babies born to teen mothers are at even greater risk of low birthweight. In 1986, Louisiana ranked 49th in the percentage of births to teens that were low birthweight (11.4%). Almost 15% of births to black teenagers were low birthweight that year. (CDF, 1989)

* In Louisiana, the total cost of AFDC, Medicaid and Food Stamp programs for families begun with a teenage birth in FY 1986-1987 was more than $252 million. (SRPIM, 1989)

TOO MANY WOMEN DENIED PRENATAL CARE/NUTRITION IN LOUISIANA

* In 1986, only 49% of all black babies in Louisiana were born to women who received adequate prenatal care. (CDF, 1989)

* In four of Louisiana's parishes (Orleans, Terrebonne, Lafourche and Tangipahoa), more than 35% of all babies are born to mothers who receive inadequate or no prenatal care. (LDHH, 1989)

* In 1988, an estimated 45% of the high-risk eligible pregnant women, infants and children in Louisiana were denied high protein food and nutritional guidance through the Special Supplemental Food Program for Women, Infants and Children (WIC). (LDHH, 1989)

CHILDRENS' SAFETY THREATENED

* Between 1981-1988, the total number of child abuse investigations in Louisiana more than doubled from 11,094 to 23,165 per year. (Louisiana Office of Community Services [LOCS], 1989)

* In Orleans Parish alone, there were 2,028 cases of verified child abuse in 1988. (LOCS, 1989)

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